DOCUMENT RESUME

ED 302 030 EC 211 827

AUTHOR Gloeckler, Lawrence C.
TITLE Residential Placement System: Procedures for the Residential Placement of Children with Handicapping Conditions in Approved In-State Private Schools, Special Act School Districts and Out-of-State Schools with which New York State Contracts.
INSTITUTION New York State Education Dept. Albany. Office for the Education of Children with Handicapping Conditions.
REPORT NO NYSED-88-6609
PUB DATE Apr 88
NOTE 69p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Check Lists; Decision Making; *Disabilities; Elementary Secondary Education; *Eligibility; Private Schools; *Residential Programs; School Districts; School Responsibility; State Legislation; *State Standards; *Student Placement
IDENTIFIERS *New York

ABSTRACT

The document details the procedures, effective in June 1988, for the residential placement of handicapped children in New York State private schools, special school districts, and selected out-of-state schools. The preface states that students may be placed in residential facilities only when such placements are determined to be the least restrictive environment appropriate to meet their educational needs. The newly developed Residential Placement System establishes a process which links eligible students in need of residential placement with available services via a computer assisted system. The residential placement system is detailed in sections on: district Residential Project programs. A Residential Placement System Checklist is provided which covers initial application, determination of eligibility, application for continuation, and the hard-to-place. Appendixes, the major portion of the document, include Residential Placement System Forms, Children's Residential Project program descriptions, a description of the Council on Children and Families Hard-to-Place Children's Activities Unit, and descriptions of the Commission for the Blind and Visually Handicapped, the Department of Social Services, the Office of Mental Health, and the Office of Mental Retardation and Developmental Disabilities. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED302030

NEW YORK
THE STATE OF LEARNING

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

ASSISTANT COMMISSIONER FOR EDUCATION OF CHILDREN WITH HANDICAPPING CONDITIONS

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Robert Tomley

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

April 1988

TO: School Board Presidents
District Superintendents
Superintendents of Public and Nonpublic Schools
New York City Superintendents
Principals of Public Schools
Committee on Special Education Chairpersons
Directors of Pupil Personnel Services
Directors of Special Education
Commissioner's Advisory Panel
Executive Directors of Approved Private Schools

FROM: Lawrence C. Gloeckler

SUBJECT: Residential Placement System - Procedures for the Residential Placement of Children with Handicapping Conditions in Approved In-State Private Schools, Special Act School Districts and Out-of-State Schools with which New York State Contracts

The New York State Education Department is committed to educating students with handicapping conditions in the least restrictive environment. Local education agencies are expected to make every effort to place students in public settings closest to home and within New York State. If such placements are not possible, Committees on Special Education (CSE) may apply for day placements in approved in-state private schools. Under certain circumstances, the CSE may determine that a student's educational needs are so severe that they cannot be met in a public school, Board of Cooperative Educational Services (BOCES) or an approved private day school. In this case, the school district may seek approval for the student to be placed in a residential program. If no appropriate in-state placement is possible, districts may apply for approval to seek placement in an approved out-of-state school.

The procedure for obtaining approval and residential placement will be modified beginning with the 1988-89 school year. A Residential Placement System (RPS) has been developed by the State Education Department to assist in securing all residential programs for students with handicapping conditions who are appropriately recommended for residential placement, pursuant to Article 89 of the Education Law.

The Residential Placement System will become effective June 1, 1988. This means that a CSE referring any student for initial placement in a residential program on or after June 1, 1988 must follow these procedures.

EC 211827

BEST COPY AVAILABLE

To assist in the implementation of this system, I am requesting that districts submit one copy of the Student Information Form (OECH-002) for all children currently in residential placements. This must be submitted with the STAC-2 Reapplication Form, due by June 1, 1988. Any STAC-2 Reapplication Forms which are not accompanied by a Student Information Form will be returned as incomplete.

This publication, Residential Placement System - Procedures for the Residential Placement of Children with Handicapping Conditions in Approved In-State Private Schools, Special Act School Districts and Out-of-State Schools with Which New York State Contracts, was developed to assist CSEs in the decision making process that may result in a recommendation for residential placement and provide guidelines for securing appropriate residential placements when the CSE has determined such a placement is necessary to meet the educational needs specified in a student's Individualized Education Program (IEP).

The manual is divided into four major sections. The first describes the guidelines for CSEs to follow when considering the educational reasons for placing a student in a residential setting. The second section provides an overview of the Residential Placement System process in relation to current practice including the incorporation of the Children's Residential Program referral process. It describes the responsibilities of both the school district and the residential school. The third section provides a step-by-step list of activities for districts, residential schools and OECHC staff to follow in effecting the approval, selection and placement of a residential education program for students with handicapping conditions. The last section is an appendix of resource information including copies of the forms for implementation with directions for completion, a description of the Children's Residential Project programs, and description of the services available from other State agencies involved in the residential placement of children with handicapping conditions.

RESIDENTIAL PLACEMENT

SYSTEM

Procedures for the residential placement of children with handicapping conditions in approved in-state private schools, Special Act schools and out-of-state schools with which New York State contracts

The State Education Department does not discriminate on the basis of age, color, religion, disability, marital status, veteran status, national origin, race, or sex in the educational programs and activities which it operates. Inquiries concerning this policy of equal opportunity and affirmative action should be referred to the Department's Affirmative Action Officer, Education Building, Albany, NY 12234. Phone (518) 473-1265.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children with Handicapping Conditions
Albany, New York 12234

THE UNIVERSITY OF THE STATE OF NEW YORK

Regents of The University (with years when terms expire)

1994 MARTIN C. BARELL, Chancellor, B.A., I.A., LL.B., LL.D.. Muttontown

1994 R. CARLOS CARBALLADA, Vice Chancellor, B.S., L.H.D., D.Sc . . . . . Rochester

1988 WILLARD A. GENRICH, LL.B., L.H.D., LL.D., Litt.D., D.C.S., D.C.L., Sc.D.. . . . . Buffalo

1989 EMLYN I. GRIFFITH, A.B., J.D., L.H.D., Sc.D., LL.D. . . Rome

1991 JORGE L. BATISTA, B.A., J.D., LL.D. . . . . Bronx

1993 LAURA BRADLEY CHODOS, B.A., M.A.. . . . . Vischer Ferry

1991 LOUISE P. MATTEONI, B.A., M.A., Ph.D. . . . . Bayside

1988 J. EDWARD MEYER, B.A., LL.B., L.H.D.. . . . . Chappaqua

1988 FLOYD S. LINTON, A.B., M.A., M.P.A., D.C.L., LL.D.. . . Miller Place

1995 GERALD J. LUSTIG, B.A., M.D.. . . . . Staten Island

1989 MIMI LEVIN LIEBER, B.A., M.A. . . . . Manhattan

1992 SHIRLEY C. BROWN, B.A., M.A., Ph.D. . . . . Albany

1990 NORMA GLUCK, B.A., M.S.W., LL.D., L.H.D.. . . . . Manhattan

1990 JAMES W. McCABE, Sr., A.B., M.A.. . . . . Johnson City

1993 ADELAIDE L. SANFORD, B.A., M.A., P.D. . . . . Hollis

1990 WALTER COOPER, B.A., PH.D.. . . . . Rochester

President of The University and Commissioner of Education
THOMAS SOBOL

Executive Deputy Commissioner of Education
ROBERT J. MAURER

Deputy Commissioner for Elementary, Secondary and Continuing Education
GERALD L. FREEBORNE

Assistant Commissioner for Education of Children with Handicapping Conditions
LAWRENCE C. GLOECKLER

CONTENTS

Preface 1

Residential Placement Process 2

Introduction 2

Overview 2

Residential Placement System 4

District Responsibilities 4

Residential School Responsibilities 5

Children's Residential Project 6

Residential Placement System Checklist 9

Appendices 11

A. Residential Placement System Forms 12

Overview 12

Cover Memo (OECH-001) 13

Student Information Form (OECH-002) 15

Placement Options Form (OECH-003) 23

Notification of Acceptance/Rejection/Termination Form (OECH-004) 26

Residential School Information Form (OECH-005) 30

B. Children's Residential Program 37

C. Council on Children and Families Hard-to-Place Committee 44

D. State Agency Services 47

- Department of Social Services
- Commission for the Blind and Visually Handicapped
- Office of Mental Health
- Office of Mental Retardation and Developmental Disabilities

PREFACE

The New York State Education Department (SED) has as its primary responsibility the provision of appropriate educational services to all children who reside within the State's boundaries. Public Law 94-142 charges each state education agency with the responsibility of developing state laws and regulations which establish educational programs and standards for those children with handicapping conditions.

In New York State, Article 89 of the Education Law and Part 200 of the New York Code of Rules and Regulations (NYCRR) delineate the responsibilities of the State Education Department and the local school district in ensuring that children with handicapping conditions are provided special education services in a manner that enables them to participate in regular education to the maximum extent appropriate. It is the responsibility of the district's Committee on Special Education (CSE) to provide recommendations to the Board of Education (BOE) regarding the special education program and services needed by each child with a handicapping condition.

There are some students whose handicapping conditions and resultant individual instructional needs cannot be met in available day programs. Students may be placed in residential facilities only when such placements are determined to be the least restrictive environment appropriate to meet their educational needs.

Each residential school must be approved by the Commissioner of Education, through the Office for Education of Children with Handicapping Conditions (OECHC), to receive public funds for the education of students with handicapping conditions. OECHC must review applications for such children confirming eligibility for placement in approved private schools and Special Act schools, approve contracts with residential school providers which are within New York State, and contract with residential schools outside the State. The newly developed Residential Placement System establishes a process which links eligible students in need of residential placement with available services via a computer assisted system operated by OECHC.

RESIDENTIAL PLACEMENT PROCESS

INTRODUCTION

The State Education Department, Office for Education of Children with Handicapping Conditions (OECHC), has modified the procedure which school districts must use to secure a residential placement for a child with a severe handicapping condition. The change in procedure applies to residential placements in approved in-state private schools, Special Act school districts, and out-of-state schools with which New York State contracts. A Residential Placement System (RPS) has been developed to assist districts in securing appropriate residential programs for all children with handicapping conditions who, pursuant to Article 89, are initially recommended for residential placement beginning with the 1988-89 school year. RPS also addresses children who are placed on a one-year conditional basis and students who are placed in out-of-state schools.

OVERVIEW

School districts must thoroughly examine all public and private day placements before determining there is an educational need for a residential program and considering such a placement for the student. Such placements should be considered only for those children with severe educational needs. If the Committee on Special Education (CSE) is considering residential placement, in-depth information must be obtained from a student's individual evaluation and carefully reviewed to ascertain the educational, physical, mental and social/emotional factors which contribute to the severity of the child's handicapping condition and thoroughly verify the resultant need for special education services in a residential setting. All recommendations must be made according to the concept of the least restrictive environment.

Upon completion of the student's evaluation, the CSE develops the Phase I Individualized Education Program (IEP) which specifies the student's educational needs and required special education services. If it is determined that the child's educational needs cannot be met in a public school, BOCES or approved private day school program, the school district may seek approval for the child to be placed in a residential program. Concomitant to formulating a recommendation for residential placement, the CSE needs to assure that programs and services available through other State, local and/or city service providers that may meet the child's needs have been exhausted. The CSE may request a designee of the county to participate in any proceeding of the CSE where a residential placement may be recommended. This designee may be, but is not limited to, a representative of the social services district, mental health board, or health department. The participation of such a designee is addressed in Article 89, Section 4402.1(b)(4). The involvement of the county designee is intended to ensure that all local resources are examined before consideration of a residential placement. A listing of agency contacts and resources is also provided in Appendix D.

If a residential placement is recommended, the Residential Placement System (RPS) enables the district to obtain information concerning appropriate openings. The RPS is a computer-assisted system designed to maintain current information on residential program options available to meet the needs of severely handicapped students. The residential programs notify RPS of available vacancies. A list of appropriate in-state vacancies is provided to the CSE to facilitate the application process. If there are no in-state vacancies, RPS will match appropriate students to the Children's Residential Project (CRP) programs and concurrently match all students to out-of-state residential schools. If a district has exhausted all options without finding an appropriate, available residential program, the student may be referred to the Hard-to-Place Committee of the Council on Children and Families. Information on the Hard-to-Place Committee is found in Appendix C.

DISTRICT RESPONSIBILITIES

The Residential Placement System (RPS) process begins when a student has been recommended by the CSE for residential placement. The first step in the new procedure is the involvement of the OBCHC Regional Associate (RA) in confirming the need for a residential placement. When the school district has determined that a residential placement is necessary, an Information Packet is completed and sent to the RA. This packet should include a Cover Memo (OBCH-001), a Student Information Form (OBCH-002), Phase I of the IEP and all supporting documentation currently required. The Cover Memo (OBCH-001) must be signed by the chairperson of the Committee on Special Education.

The RA reviews the information submitted and determines if all local resources have been exhausted and if there is an educational need for a residential placement. If the RA feels that all local resources have not been exhausted or that there is no educational reason for residential placement, the Information Packet is returned to the district. If there is agreement with the CSE, the RA signs the cover memo, indicates the type of placement recommended, returns one copy of the form to the district and forwards the complete packet of information to the Residential Placement System. If there are extenuating circumstances, the RA may approve a one-year conditional placement.

The Residential Placement System will match the educational needs of each student with residential schools which provide appropriate services and which anticipate vacancies. The computerized process will generate a Placement Options Form (OBCH-003) which will be forwarded to the district. Applications to the residential schools listed on the Placement Options Form (OBCH-003) will be made by the school district. The date that application was made to each school must be entered on Placement Options Form (OBCH-003) by the CSE.

When a student has been accepted at a residential school, the CSE will be notified with the Acceptance/Rejection Form (OBCH-004). The CSE completes its recommendation by adding the name of the specific residential placement to Phase I of the IEP and forwarding the STAC-1 Form and the completed Placement Options Form (OBCH-003) to RPS for the Commissioner's approval.

If the student has been rejected at all schools identified, the Placement Options Form (OBCH-003) is completed and returned to Residential Placement System (RPS) for continued processing. RPS will then match the needs of developmentally disabled students, as defined by Mental Hygiene Regulations (NYCRR 618.13(s)), to Children's Residential Project (CRP) programs while matching all students to out-of-state schools. A new Placement Options Form listing available CRP and out-of-state residential programs will be generated and forwarded to the district. CRP programs are interagency programs developed by the State Education Department (SED) and the Office of Mental Retardation and Developmental Disabilities. They serve severely developmentally disabled pupils who are eligible for services through, and are the responsibility of, the education system. Further information about CRP programs is contained in Appendix B of this guide.

All students are placed in out-of-state schools for one year only and must be reprocessed annually. A complete new Information Packet and STAC-1 form must be completed and sent directly to RPS to obtain continuing approval for the placement.

Students placed conditionally in-state for one year must also be reprocessed annually, including approval by the RA. Complete and current Information Packets, including a new Student Information Form, will be sent to the RA at the time of the annual review, just as it is for an initial placement. The RA must approve the continued need for residential placement. The information will then be forwarded to RPS for the Commissioner's approval.

A checklist, found on page 9, has been developed to assist school districts with this process. There are several new forms which appear in Appendix A and which are discussed below.

RESIDENTIAL SCHOOL RESPONSIBILITIES

Each residential school approved for the placement of children with handicapping conditions must complete a Residential School Information Form (OECH-005) for each unique program offered. Sections "A-E" remain constant, while section "F" will change with each unique program available. This information is entered into the computer and will be updated on an ongoing basis. Each residential school is responsible for notifying RPS of any changes in existing programs and/or any new programs created. This will keep the Residential School Information File up-to-date and facilitate appropriate matches.

Residential schools notify RPS when an opening is anticipated. The vacancy information is entered into the computer for matching against student needs. When the CSE receives a Placement Options Form (OECH-003), it must follow the admission procedures established by each residential school. Notification of the student's acceptance or rejection is provided by the residential school to the district and RPS by the Notification Acceptance/Rejection Form (OECH-004). If the district has applied to more than one school, RPS will notify the remaining schools that a placement has been made.

Once a student has entered a residential school, the primary responsibility of the residential school is to meet the needs of the child as defined in the Phase I IEP developed by the CSE. It is essential that personnel from the residential school and the home school district communicate on a regular basis. A representative of the CSE must be given the opportunity to attend the Phase II IEP planning conference, while a representative of the residential school must be given the opportunity to attend any CSE meeting regarding the student to provide relevant information. The residential school may refer a student back to the CSE at any time, if it believes the placement recommended in the Phase I IEP is no longer appropriate.

CHILDREN'S RESIDENTIAL PROJECT

Background

Children's Residential Project (CRP) programs are the result of a joint endeavor between the State Education Department (SED) and the Office of Mental Retardation and Developmental Disabilities (OMRDD) to provide educational and residential placement options for severely developmentally disabled children. The definition of pupils with handicapping conditions listed under Section 200.1(cc) of the Commissioner's Regulations does not include a classification of "developmentally disabled." However, children classified within the education system as autistic, mentally retarded, orthopedically impaired, other health impaired or multiply handicapped may be eligible for the CRP placement options. CRP placement options are designated for use by those developmentally disabled children who are currently placed out-of-state or are at risk of such placement. A child is considered at risk when there are no appropriate residential school vacancies for that child within New York State. School districts must discuss the CRP placement option with parents before considering residential placement in an out-of-state program. The CRP placement option, however, is a voluntary program and parents must agree to participate before a district can pursue placement. A signed refusal must be obtained from the parent before an out-of-state placement can be approved for a CRP-eligible child.

Program Description

Children's Residential Project programs consist of an SED-approved private school, also known as an 853 school, and an OMRDD-certified residential facility, known as an Intermediate Care Facility for the Developmentally Disabled (ICF/DD). As a result of this joint State agency involvement, admission to CRP programs is limited to those children identified through the education system as needing educational/residential services who also meet the residential eligibility criteria for the ICF/DD established by OMRDD.

Admission Criteria for ICF/DDs Associated with CRP Programs

ICF/DDs are Medicaid-funded facilities; therefore, an evaluation of the child's status to determine financial eligibility for Medicaid is required in addition to an evaluation of the severity of the child's disability. The financial status is reviewed by the OMRDD district office, referred to as the Borough Developmental Disabilities Service Office (B/BDSO) in New York City, and the Developmental Disabilities Service Office (DDSO) elsewhere in the State, and involves only the child's income and assets. The financial evaluation does not consider the parent's income and assets as part of the determination. Children not financially eligible for Medicaid are required to contribute to the cost of care provided by the ICF/DD until eligibility levels are attained.

The B/DDSO will provide all the necessary evaluations required by the ICF/DD, including a review of Medicaid eligibility. Districts are not expected to answer detailed questions about Medicaid eligibility. Their role is to refer the parent to the appropriate OMRDD district office for specific questions concerning Medicaid requirements and admission to the ICF/DD. Trained staff are available to meet with families to discuss Medicaid and other ICF/DD requirements. A list of B/DDSO offices and the counties served by each is included in Appendix D-4.

Processing CRP Referrals

Referral to CRP programs is accomplished through the Residential Placement System. School districts must complete items (1) through (8) on the Residential Placement Checklist. When it has been determined that there are no in-state residential programs available which meet the student's needs, the district completes and forwards the Placement Options Form (CEDH-003) to the Residential Placement System (RPS).

Upon receipt of the Placement Options Form (CEDH-003) indicating that there are no programs available, the RPS first determines that the child meets the criteria as "developmentally disabled." The RPS then matches the student information to CRP programs and to out-of-state school information generating a list of available programs which it forwards to the school district.

Upon receipt of the list of available programs, the district must first discuss the CRP program(s) with the parent and obtain parental consent to participate in the CRP. The district then contacts the B/DDSO concerning the referral to the CRP program and assists the parent in the application process for the child's admission to the Intermediate Care Facility for the Developmentally Disabled (ICF/DD). When this is complete, the district refers the child to the CRP's education program (i.e., 853 school).

While the school district can apply for admission to the 853 school, only the parent can apply for admission to the ICF/DD. The district, however, should act to coordinate the two referral processes, and should work cooperatively with the B/DDSOs to help them obtain necessary information. The parental consent to participate in the CRP program, which is obtained by the district upon initiation of the process, allows for the release of information to and contact with the appropriate B/DDSO regarding the placement of the child.

The CRP referral process is complete when the CRP provider notifies the school district, the B/DDSO and the Residential Placement System of the student's acceptance or rejection. The district may refer the student to out-of-state schools concurrently with the referral to CRP programs. However, out-of-state placement is an option only under the following circumstances:

1) the district receives notification that the child is not accepted by the CRP Program; OR

2) the parent objects to placement at the CRP program and provides a written, signed statement indicating this objection to the district.

The district must submit the written parental refusal with the STAC-1 application to the RPS before approval for any out-of-state placement will be made.

Successful placements through the Residential Placement System into in-state residential schools, Children's Residential Project programs and out-of-state schools require school districts and residential schools to provide comprehensive and accurate data and to follow required procedures. The following section provides a checklist for school districts to monitor this process.

RESIDENTIAL PLACEMENT SYSTEM
CHECKLIST

Initial Application:

1. School district suspects a need for residential placement and may request a designee of the county to participate in any proceedings of the Committee on Special Education. _____

2. School district completes the Phase I IEP. _____

3. School district determines need for residential placement. _____

4. The Cover Memo (OECH-001), Student Information Form (OECH-002) and all supporting documentation are forwarded to the Regional Associate. _____

5. The Regional Associate reviews all information and makes a determination, within 10 days of receipt, of the need for residential placement. _____

   - o If the need for residential placement is not established, the RA returns the application with reason for rejection to the school district for further consideration. _____

   - o If the need for residential placement is established, the RA approves the application, signs the Cover Memo (Form OECH-001), and forwards the completed Information Packet to the Residential Placement System. _____

   - o If the need for residential placement is not clearly established or there are extenuating circumstances, the RA may approve a one-year conditional placement by so indicating on the Cover Memo (Form OECH-001), signing it and forwarding the completed Information Packet to RPS. _____

6. The Residential Placement System matches student needs with the available services provided by approved in-state residential schools.

7. The Residential Placement System forwards the list of available, appropriate programs to the school district on the Placement Options Form (Form OECH-003). _____

8. The school district makes application to the appropriate residential program(s) and completes data on the Placement Options Form (Form OECH-003). _____

9. Eligibility Determined:

   a. Approved residential provider accepts student and notifies the school district and the Residential Placement System concurrently of its determination by completing Acceptance/Rejection Form (Form OECH-004). _____

   b. Approved residential provider rejects the child and notifies the school district and RPS of the rejection (Form OECH-004) and the reason for rejection. _____

      - o District forwards Form OECH-003 to RPS with dates of rejection noted. _____
      - o RPS matches student information to CRP and to approved out-of-state residential schools. _____
      - o Return to Step 7 and proceed. _____

10. School district completes OECH-003 Form and STAC-1 Form and forwards both to the Residential Placement System for the Commissioner's approval. _____

11. Residential Placement System notifies school district of the Commissioner's approval. _____

Application for Continuation:

1. In-state - A STAC-2 Reapplication Form will be filed on an annual basis. _____

2. One-year conditional placement - A STAC-1 and complete Information Packet will be forwarded to the RA and then to RPS for processing. The district completes steps 1-11. _____

3. Out-of-state - A STAC-1 and a complete Information Packet will be forwarded directly to the RPS on an annual basis. Complete steps 1-11, but omit steps 4 and 5. _____

Hard-to-Place:

If no placement is available through the education system, the district will be directed to the Council on Children and Families' Hard-to-Place Committee. _____

A P P E N D I C E S

Appendix A

Residential Placement System Forms

Appendix B

Children's Residential Project

Appendix C

Council on Children and Families Hard-to-Place Children's Activities Unit

Appendix D

D-1 Commission for the Blind and Visually Handicapped of the Department of Social Services

D-2 Department of Social Services

D-3 Office of Mental Health

D-4 Office of Mental Retardation and Developmental Disabilities

APPENDIX A

RESIDENTIAL PLACEMENT SYSTEM
FORMS

OVERVIEW

A description of the forms to be used in the implementation of the Residential Placement System follows. A general description of the form is provided, identifying it by code numbers, purpose and the person responsible for completion. Samples of the forms are then provided with specific directions for completion.

Cover Memo (Form OECH-001)

Cover Memo - Completed by district as a summary of the materials included in a student's application packet for residential placement; form must be signed by CSE chairperson, reviewed by the Regional Associate (RA), and signed by the RA, if approved.

Student Identification Form (Form OECH-002)

Student Information Form - Completed by district. Student Information Form contains child specific information which will be entered into the computer and matched to available service.

Placement Options Form (Form OECH-003)

Placement Options Form - Completed in two phases to identify the available vacancies. The RPS completes the first phase and sends to districts; district completes date for acceptance or date and reason(s) for rejection (if appropriate) and returns copy to RPS upon acceptance/rejection.

Acceptance/Rejection Form (Form OECH-004)

Acceptance/Rejection Form - Completed by residential school to notify RPS and district of acceptance/rejection of a student.

Agency Information Form (Form OECH-005)

Agency Information Form - Completed by RPS/residential school to develop data base of services available in each program of an agency.

COVER MEMO
FORM OECH-001

Directions for Completion

Date of Evaluation/Completion:

The date that each identified component was conducted and/or completed should be expressed in six digits; prefix months and days less than 10 with a zero. For example, if completed on January 9, 1987, the entry should read 01/09/87.

Please Note: All documents in the left columns are required and dates must be completed for each one.

Statement as to why student's educational needs necessitate residential placement:

A statement summarizing the student's educational need for residential placement should be expressed; additional information may be attached.

Placement recommendation:

A recommendation for a specific residential placement may be indicated by the CSE.

Signature of CSE Chairperson:

The signature of the CSE chairperson must be indicated.

Placement recommendation (RA):

A recommendation for a specific residential placement may be indicated by the Regional Associate.

Signature of Regional Associate:

The signature of the Regional Associate, indicating type of placement approved.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children With Handicapping Conditions
Residential Placement System
Albany, New York 12234

To: _____ **Date:** _____
Regional Associate

From: _____
District

Subject: _____
Student Name

Special education programs in-district, in neighboring districts, BOCES and in private day schools have been examined and deemed to be unable to meet the needs of the above named student. Residential placement is therefore requested. The following information is enclosed:

	Date of Evaluation/ Completion	Other Suitable Examinations & Evaluations	Date of Evaluation/ Completion
* Student Information Form		Speech/Language	
* Phase I IEP		Occupational Therapy	
* Educational Assessments		Physical Therapy	
* Physical Examination (904)		Psychiatric	
* Individual Psychological Evaluation		Neurological	
* Social History		Additional Medical Information	
* Classroom Observation		Other (please specify)	

*Statement as to why student's educational needs necessitate residential placement; including a description of previous educational placement:

I recommend the following placement be considered:

_____
Signature, CSE Chairperson

I have reviewed the attached and agree with the need for residential placement.
I recommend the following placement(s) be considered:

☐ Initial Placement
☐ 1 Year Placement
☐ Continued Placement

_____
Signature, Regional Associate

* Required Documentation

OECH - 001

STUDENT INFORMATION FORM
FORM CECH-002

Directions for Completion

SECTION A:

Name of Student - The student's last name, first name and middle initial should be indicated.

Date of Birth - The student's date of birth should be correctly expressed in six digits; prefix months and days less than 10 with a zero. For example, if a child was born on April 5, 1977, the entry should be 04 05 77.

Date of CSE Referral - The date of receipt of referral (the date on which either the committee chairperson or the building administrator receives the referral, whichever is earlier) should be correctly expressed in six digits (prefix months and days less than 10 with a zero). For example, if referral was received by building administrator on March 15, 1987 and received by CSE Chairperson on March 19, 1987, the entry should read 03 15 87.

Social Security Number - The student's social security number should be correctly expressed in nine digits; if unavailable, omit entry.

Sex - The gender of the student should be checked in the appropriate box.

STAC Number - The student's STAC identification number should be expressed in a six-digit code; enter only if student has previously been assigned a Child ID Number by the STAC Processing Unit.

Parent/Legal Guardian - The parent/legal guardian's last name, first name and middle initial should be indicated.

Address - The street number, name of the street, city, county, state and the zip code at which the student's parent or legal guardian lives should be indicated.

District - The name of the public school district which has CSE responsibility for the student should be indicated.

Code - The BEDS code of the district should be expressed in a twelve digit number; zeroes should be entered as place holders. For example, if BEDS code is 19 enter 0 1 9 0 0 0 0 0 0 0 0 0.

State Education Department Region - The region number of the regional office of the Division of Program Monitoring as follows:

Region I - Batavia
Region III - Albany
Region IV - New York City
Region V - Westbury
Region VI - Yorktown Heights

District Contact - The last name and first name of the person the district has designated as a contact should be indicated.

Title - The title of the district contact should be indicated.

District Address - The street number, name of the street, city, county and state and the zip code at which the district contact may be reached should be indicated.

Telephone - The phone number of the district contact should be indicated as a ten-digit number (999) 999-9999.

Parental/Guardian Permission - The status of parental/guardian permission to release information should be indicated by checking the appropriate box; check "received" if the district has received permission to forward records; check "not received" if permission has been requested, but no response has been received; check "denied" if permission has been requested but the parent has denied permission.

SECTION B:

Current Educational Program - The type of educational program which the student is currently attending should be indicated, as well as whether the program is a day or residential program. Only one box should be checked.

Current Placement Agency Name - The name, address and name of a contact person of the agency where the current educational placement is located should be indicated.

Active Involvement in Other State Agencies - The name of any other State system which the student is actively involved should be indicated.

SECTION C:

CSE Classification - The student's primary handicapping condition (as defined in Section 200.1 of the Regulations of the Commissioner of Education) should be indicated.

Multiply Handicapped Indicator - If the student has been classified as multiply handicapped, each of the handicapping conditions present should be indicated.

SECTION D:

Related Services - The related services recommended by the CSE should be indicated by checking each of the appropriate boxes; following each of the related services recommended, the frequency (minutes per day) and duration (days per week) should be indicated.

Program Option - The program option recommended by the CSE (as defined in Section 200.6 of the Regulations of the Commissioner) should be indicated by checking the appropriate box.

SECTION E:

12-Month Indicator - The recommendation of the CSE for 12-month programming should be indicated by checking the appropriate box.

Date of Last Triennial - The date of the most recent triennial evaluation should be correctly expressed in six digits; prefix months and days less than 10 with a zero For example, if the last triennial was conducted on March 5, 1987 enter 03 05 87.

Results of Latest Test of Intelligence:

Name of Instrument - The name of the instrument used to determine level of intellectual functioning should be indicated.

Date Administered - The date of the most recent test of intelligence should be correctly expressed as six digits; prefix month and days less than 10 with a zero For example, if the last test of intelligence was administered on February 1, 1986, enter 02 01 86.

Results - The intellectual level indicated by the test of intelligence administered should be indicated.

Medical Diagnosis - The medical diagnosis (physical or psychiatric) which may impact on the education of the student should be indicated.

Current Medications - The medications which the student is currently taking should be listed.

Medical Alert - Medical conditions which may require immediate attention should be indicated.

Dominant Language - The dominant language of the student should be indicated.

Interpreter Need - The need for an interpreter (deaf or second language) for this student should be indicated by checking the appropriate box.

SECTION F:

Adaptive Behavior Deficit:

Expressive Language - The statement which most closely approximates the student's level of expressive language should be indicated.

Receptive Language - The statement which most closely approximates the student's level of receptive language should be indicated.

Mobility - The statement which most closely approximates the student's level of mobility should be indicated.

Vision - The statement which most clearly describes the student's level of visual acuity should be indicated. The acuity of the student should be indicated when there is a loss of vision.

Hearing - The statement which most closely approximates the students level of hearing should be indicated; if a hearing loss is indicated, the db loss should be indicated.

Capacity for Independent Living - The statement which most clearly describes the student's capacity for independent living should be indicated.

Self-direction - The statement which most clearly describes the student's capacity for self-direction should be indicated.

Behavior - The statement which most clearly describes the student's behavior should be indicated.

Behavior Frequency - The statement which most clearly describes the frequency of the above noted behavior should be indicated.

SECTION G:

High School Diploma Indicator - The need for access to high school diploma credits should be indicated by checking the appropriate box.

Major Health Needs Indicator - The major health needs of the student which impact on the educational program should be indicated.

24-Hour Nursing - The student's need for 24-hour nursing care should be indicated.

University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children With Handicapping Conditions
Residential Placement System
Albany, New York 12234

OFFICE USE ONLY		
MONTH	DAY	YEAR

Student Information

A. Name Of Student — Last Name | First | Middle Initial

Date Of Birth — MONTH | DAY | YEAR

DATE OF CSE REFERRAL — MONTH | DAY | YEAR

Social Security Number

SEX ☐ Male (M) ☐ Female (F)

STAC Number

Parent / Legal Guardian — Last Name | First | Middle Initial

Address — Street

City | County | State | Zip

District | Code (BEDS Code) | SED Region

District Contact — Last Name | First | Middle Initial

Title

Address — Street

City | County | State | Zip | Telephone Number ( )

INDICATE THE STATUS OF PARENTAL / GUARDIAN PERMISSION FOR RELEASE OF INFORMATION FOR CRP OPTION ONLY (Please check one)
☐ Received ☐ Not Received ☐ Denied

B.

CURRENT EDUCATIONAL PROGRAM (Please check the appropriate box)

	Day	Residential		Day	Residential
Public School In District	PSD ☐	PSR ☐	State Supported School	SSD ☐	SSR ☐
Public School Not In District	PND ☐	PNR ☐	Special Act School	SAD ☐	SAR ☐
BOCES Center Based Program	BOD ☐	BOR ☐	Approved In State Private School	IND ☐	INR ☐
BOCES Program In LEA	BLD ☐	BLR ☐	Approved Out Of State Private School	OSD ☐	OSR ☐
Home - Hospital Instruction	HHD ☐	HHR ☐	Nonapproved Private School	OPD ☐	OPR ☐
State Operated School	SOD ☐	SOR ☐	Other State Agency Program	OSA ☐	OSR ☐

Current Placement Agency Name

Agency Address

Contact | Telephone Number ( )

Have the resources of other state agencies been explored to provide services to this student ..... Yes ☐ No ☐
If YES, check all that apply:

Department of Health	DOH ☐	Division of Substance and Substance Abuse Services	DSA ☐
Department of Social Services	DSS ☐	Office of Mental Health	OMH ☐
Division for Youth	DFY ☐	Office of Mental Retardation and Developmental Disabilities	OMR ☐
Division of Alcohol and Alcohol Abuse	DAA ☐	Other (Please specify) _____	OTH ☐

C.

CSE CLASSIFICATION

(Please check the box that indicates the classification made by the Committee on Special Education.)

Autistic	☐ AU	Speech Impaired	☐ SI
Emotionally Disturbed	☐ ED	Visually Impaired	☐ VI
Learning Disabled	☐ LD	Orthopedically Impaired	☐ OI
Mentally Retarded	☐ MR	Other Health Impaired	☐ HI
Deaf	☐ DF	Multiply Handicapped *	☐ MH
Hard of Hearing	☐ HH		

** If multiply handicapped, identify the handicapping conditions present (Check all that apply)*

- ☐ Autistic (AU)
- ☐ Emotionally Disturbed (ED)
- ☐ Learning Disabled (LD)
- ☐ Mentally Retarded (MR)
- ☐ Hard of Hearing (HH)
- ☐ Deaf (DF)
- ☐ Speech Impaired (SI)
- ☐ Visually Impaired (VI)
- ☐ Orthopedically Impaired (OI)
- ☐ Other Health Impaired (HI)

D.

RELATED SERVICES RECOMMENDED

(Check each category that applies and indicate the frequency required for each service.)

		30 Min. / day 2 days / week	30 Min. / day 3 days / week	30 Min. / day 4 days / week	30 Min. / day 5 days / week	Other (Specify)
Audiology	101 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Counseling Services	102 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Occupational Therapy	103 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Orientation and Mobility	104 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Physical Therapy	105 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Speech Pathology	106 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Medical Services (evaluation)	107 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Psychological Services	108 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Parent Counseling	109 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
School Health Services	110 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
School Social Work	111 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Teacher of Hearing Impaired	112 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Teacher of Visually Impaired	113 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Verbal Therapy	114 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Recreation Therapy	115 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Other (Specify)	116 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐

Program Option Recommended (Check The Option That Applies)

Special Class 2 (12:1+1) 003☐ Special Class 3 (6:1+1) 004☐ Special Class 4 (12:1+4) 005☐

E. Will This Student Require A 12 Month Program? ☐Yes ☐No

Date Of Last Triennial Evaluation MONTH DAY YEAR

Results Of Latest Test Of Intelligence (Check The Box That Most Closely Indicates The Results).

Name of Instrument

Date Administered ▶ MONTH DAY YEAR

001☐ Very Superior (130+)
002☐ Superior (120-129)
003☐ High Average (110-119)
004☐ Average (90-109)
005☐ Low Average (80-89)
006☐ Borderline (70-79)
007☐ Mild Retardation (55-69)
008☐ Moderate Retardation (40-54)
009☐ Severe Retardation (25-39)
010☐ Profound Retardation (below 25)

MEDICAL DIAGNOSIS (Indicate any medical problems which may impact on the education of this child)

001☐ AIDS
002☐ Anorexia
003☐ Cerebral Palsy Syndrome
004☐ Epilepsy
005☐ Head Injury
006☐ Neurological Impairment
007☐ Prader-Willi
008☐ Spina Bifida
009☐ Spinal Cord Injury
010☐ Other (please specify) _____

Are Prescription Medications Required? ..... ☐Yes ☐No

Medical Alerts

Dominant Language | Does this child need an interpreter? ☐Yes ☐No

F. **ADAPTIVE BEHAVIOR** (Check the phrase that best describes each area)

EXPRESSIVE LANGUAGE

01☐ Uses appropriate speech skills
02☐ Uses simple speech skills (can indicate needs)
03☐ Uses manual language only (i.e., form of sign language)
04☐ Uses written symbol language only (i.e., Bliss, Rebus)
05☐ Uses written language only
06☐ No expressive language or has nonsensical speech

RECEPTIVE LANGUAGE

01☐ Understands complex statements/instructions
02☐ Understands simple statements/instructions
03☐ Does not demonstrate understanding

MOBILITY

01☐ Walks independently
02☐ Walks unaided with difficulty
03☐ Wheelchair — operated by self
04☐ Walks with supportive devices
05☐ Wheelchair — needs assistance
06☐ No mobility

VISION

01☐ Vision normal (includes vision corrected to normal)

02☐ Visually impaired 04☐ No functional vision

03☐ Legally blind, has travel vision

Acuity

HEARING

01☐ Hearing normal (including hearing corrected to normal)

02☐ Hearing impaired 03☐ No functional hearing

dB loss

CAPACITY FOR INDEPENDENT FUNCTIONING

01☐ Has skills necessary for independent living

02☐ Needs training to perform tasks for independent living

03☐ Needs assistance to perform tasks for independent living

04☐ Is completely dependent on others

SELF-DIRECTION

01☐ Manages personal affairs independently

02☐ Needs assistance or training for management of personal affairs

03☐ Is completely dependent on others for management

BEHAVIOR

01☐ Exhibits physically aggressive behaviors

02☐ Exhibits self-abusive behaviors

03☐ Exhibits acting out behaviors

04☐ Is a runner

05☐ Is a substance abuser

06☐ Exhibits withdrawn behaviors

07☐ Exhibits other maladaptive behavior _____ (Specify)

BEHAVIOR FREQUENCY

01☐ Has no behavior disorder that requires individualized programming

02☐ Has monthly maladaptive behaviors that require individualized programming

03☐ Has weekly maladaptive behaviors that require individualized programming

04☐ Has daily maladaptive behaviors that require individualized programming

Q. Does this child require access to a high school diploma program? ☐Yes ☐No

Does this child have medical needs which require daily individualized attention from health care staff? ☐Yes ☐No

Does this child require 24 hour nursing care? ☐Yes ☐No

Please specify:

Please summarize any additional information which should be considered in determining the need for residential placement: *(attach additional sheets if necessary)*

PLACEMENT OPTIONS FORM
FORM OECH-003

Directions for Completion

All entries will be computer generated with the exception of:

Date Received:

The date the completed form is received by the district should be expressed in six digits; prefix months and days less than 10 with a zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Date Applied:

The date application to the agency is initiated should be expressed in six digits; prefix months and days less than 10 with a zero.

Date Accepted:

The date that notification of acceptance is received by the district should be expressed in six digits; prefix months and days less than 10 with a zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Date of Conditional Acceptance:

The date that the district is notified the student meets admission criteria, but cannot immediately be accepted, should be expressed.

Date Rejected:

The date that notification of rejection is received by the district should be expressed in six digits; prefix months and days less than 10 with a zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Reason for Rejection:

A statement by the district explaining the reason the student was not accepted at the residential school.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children With Handicapping Conditions
Residential Placement System
Albany, New York 12234

Name of Student				Date of Birth	
District Contact	District				
Title				Telephone	
AGENCY 1	Date Received	Date Applied	Date Accepted	Date of Conditional Acceptance	Date Rejected
CONTACT					
TITLE					
ADDRESS					
REASON FOR REJECTION					

AGENCY 2	Date Received	Date Applied	Date Accepted	Date of Conditional Acceptance	Date Rejected
CONTACT					
TITLE					
ADDRESS					
REASON FOR REJECTION					

AGENCY 3	Date Received	Date Applied	Date Accepted	Date of Conditional Acceptance	Date Rejected
CONTACT					
TITLE					
ADDRESS					
REASON FOR REJECTION					

AGENCY 4	Date Received	Date Applied	Date Accepted	Date of Conditional Acceptance	Date Rejected
CONTACT					
TITLE					
ADDRESS					
REASON FOR REJECTION					

AGENCY 5	Date Received	Date Applied	Date Accepted	Date of Conditional Acceptance	Date Rejected
CONTACT					
TITLE					
ADDRESS					
REASON FOR REJECTION					

NOTIFICATION OF ACCEPTANCE/REJECTION/TERMINATION FORM
FORM OECH-004

Directions for Completion

This form is completed by the residential school following a review of the student and determination of the status.

Name of Student - The student's last name, first name and middle initial should be indicated.

Date of Birth - The student's date of birth should be correctly expressed in six digits; prefix months and days less than 10 with a zero.

Name of Approved School - The name of the residential school should be indicated.

Address - The street number, name of street, city, state and zip code at which the student's parent or legal guardian lives should be indicated.

Contact - The last name, first name and middle initial of the contact person at the residential school should be indicated.

Date of Rejection - The date of decision to reject the student should be correctly expressed in six digits; prefix months and days less than 10 with zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Date of Acceptance - The date of decision to accept the student should be correctly expressed in six digits; prefix months and days less than 10 with zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Date of Initiation of Services - The date the residential school anticipates initiation of services should be correctly expressed in six digits; prefix months and days less than 10 with zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Date of Conditional Acceptance - The date the residential school determined the child eligible for acceptance, although there was no available vacancy, should be correctly expressed in six digits; prefix months and days less than 10 with a zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Date of Termination - The date the student's enrollment is terminated should be correctly expressed in six digits; prefix months and days less than 10 with a zero. For example, if date received was January 5, 1987, the entry should read 01/05/87.

Reason for Rejection/Termination - The reason the child is being rejected or terminated should be indicated.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children With Handicapping Conditions
Residential Placement System
Albany, New York 12234

Notification of Acceptance/Rejection

Agency Name _____

Name of Student				Date of Birth
Name of Approved School				
Address				
Contact				Telephone
Date of Rejection	Date of Acceptance	Date of Initiation Services	Date of Conditional Acceptance	Date of Termination
Reason for Rejection/Termination				

OECH -004

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children With Handicapping Conditions
Residential Placement System
Albany, New York 12234

Notification of Acceptance/Rejection

Agency Name _____

Name of Student				Date of Birth
Name of Approved School				
Address				
Contact				Telephone
Date of Rejection	Date of Acceptance	Date of Initiation Services	Date of Conditional Acceptance	Date of Termination
Reason for Rejection/Termination				

OECH -004

FOR USE BY CHILDREN'S RESIDENTIAL PROJECT PROGRAMS ONLY
DATE OF SCREENING:
Attach a detailed explanation as to why the CRP program cannot meet the needs of the above student.
Screening Results acknowledged by _____ _____ CRP Agency Chief Administrator — Date
CRP Program Rejection Reviewed by _____ _____ Interagency Representative (SED/OMRDD/CCF) — Date
Recommended Action: ☐ None ☐ Rescreen

OECH - 004.1

RESIDENTIAL SCHOOL INFORMATION FORM
FORM OECH-005

Directions for Completion

This form is completed by the residential school in conjunction with RPS. The form will be updated when the residential school contacts RPS for any changes.

Name of Residential School - The name of the residential school should be indicated.

CODE - The BEDS Code number should be expressed in a twelve-digit number; zeroes should be entered as place holders. For example, BEDS code 19 should be entered as 019000 00 0000.

Address - The street number, name of the street, city, county, state and zip code should be indicated.

Contact - The last name, first name, and middle initial of the contact person should be indicated. This should be the person who will be communicating on a regular basis with RPS.

Title - The title of the contact person should be indicated.

Telephone - The phone number of the contact person should be indicated as a ten-digit number (999) 999-9999.

Chief Administrator - The last name, first name and middle initial of the chief administrator should be indicated.

Title - The title of the chief administrator should be indicated.

Telephone - The phone number of the contact person should be indicated as a ten-digit number (999) 999-9999.

Agency - The type of agency should be indicated; and one box should be checked.

Minimum Age Served - The minimum age of students accepted by the residential school should be indicated using two digits. For example, if minimum age is 5, enter 05.

Maximum Age Served - The maximum age of students served by this residential school should be indicated by using two digits. For example, if maximum age is 9, enter 09.

Maximum Age Accepted - The maximum age of a student that the residential school would accept should be indicated. For example, if the residential school accepts students up to age 16, enter 16.

Acceptance Limitations - Any conditions which preclude acceptance should be indicated.

Gender Served - The gender(s) served should be indicated; if males are served, check male; if females are served, check female; if both genders are served, check male and female.

Behavior - The types of behavior problems which this residential school serves should be indicated, check all that apply. If other behavior problems are served, indicate in the available space.

Nonambulatory - Indicate if nonambulatory students are served by this residential school by checking the appropriate box.

Interpreter - The availability of services of an interpreter should be indicated; the type of interpreter (ASL, Signed English, language other than English) available should also be noted.

Related Services - The related services available at the residential school should be indicated. The maximum frequency and duration that the residential school would be able to provide for each related service should be indicated.

Intellectual Levels - The intellectual levels served by this residential school should be indicated; check all boxes that are appropriate.

Area of Specialization - The specific programs/services that are unique to this residential school should be entered.

High School Credit - Indicate if the residential school has access to diploma credits; this may mean having a registered high school, offering equivalent credit or having access to course offerings from a local high school.

Twelve-month Programming - The availability of a twelve-month program should be indicated.

Distance to Nearest Hospital - The distance to the nearest hospital should be indicated by the nearest hundredth of a mile. For example, if the hospital is 2 1/2 miles from the school, indicate 2.50.

Time to Nearest Hospital - The number of minutes of travel time to the nearest hospital should be indicated using two digits. For example, if it is 5 minutes to the nearest hospital, enter 05.

Medical Services - The medical services available at the residential school should be indicated by checking the appropriate boxes.

Agency Licensure/Certification - The agency(ies) which the residential school is licensed/certified by should be indicated by checking the appropriate box(es); other agencies should be specified by entering the name of the specific agency(ies).

Regional Associate - The last name and first name of the Regional Associate responsible for monitoring the residential school should be indicated.

State Education Department Region - The region number of the Regional Office should be entered using a one-digit number.

Enter:		
1 -	Region I	Batavia
3 -	Region III	Albany
4 -	Region IV	New York City
5 -	Region V	Westbury
6 -	Region VI	Yorktown Heights

Bed Capacity - The number of beds available to SED placements should be indicated.

NOTE: A SEPARATE SECTION "G" SHOULD BE COMPLETED FOR EACH UNIQUE PROGRAM OFFERED BY THE RESIDENTIAL SCHOOL

Program Option - The class size option provided by this program should be indicated.

CSE Classification Served - The CSE classification(s) served by this program should be indicated; check all that apply.

Multiply Handicapped Indicator - The combination of handicapping conditions served if this program serves multiply handicapped students should be indicated; check all that apply.

University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children With Handicapping Conditions
Residential Placement System
Albany, New York 12234

OFFICE USE ONLY
MONTH DAY YEAR

Residential School Information

A. Name Of School — Code (BEDS Code)

Address — Street

City — County — State — Zip

Contact Person — Last Name — First Name

Title — Telephone ( )

Chief Administrator — Last Name — First Name

Title — Telephone ( )

Type of School

SO ☐ State Operated School
SS ☐ State Supported School
SA ☐ Special Act School
AP ☐ Approved In-State Private School
OP ☐ Approved Out-of State School
OS ☐ Other State Agency Operated Programs

Minimum Age Served		Maximum Age Served		Maximum Age Accepted	

Bed Capacity . . . . . _____

B. Acceptance Limitations

Exclusions

Gender Served
☐ Male (M)
☐ Female(F)

Does this school serve students with specific medical conditions which require daily individualized attention from health care staff? ☐Yes ☐No
(If yes, please specify)

Does this school serve students with severe behavior problems? ☐Yes ☐No

Physically Aggressive ☐ 01
Self-abusive ☐ 02
Runners ☐ 03
Substance Abusers ☐ 04
Other (Please Specify) ☐ 05

Does this school serve nonambulatory students? ☐Yes ☐No

Does this school provide services to students who need an interpreter? ☐Yes ☐No

C. RELATED SERVICES AVAILABLE

(Check each category of service and maximum frequency with which it can be provided by this agency.)

		30 Min. / day 2 days / week	30 Min. / day 3 days / week	30 Min. / day 4 days / week	30 Min. / day 5 days / week	Other
Audiology	101 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Counseling Services	102 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☑
Occupational Therapy	103 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Orientation and Mobility	104 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Physical Therapy	105 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Speech Pathology	106 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Medical Services (evaluation)	107 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Psychological Services	108 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Parent Counseling	109 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
School Health Services	110 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
School Social Work	111 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Teacher of Hearing Impaired	112 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Teacher of Visually Impaired	113 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Verbal Therapy	114 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Recreation Therapy	115 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐
Other (Specify)	116 ☐	01 ☐	02 ☐	03 ☐	04 ☐	05 ☐

D. Intellectual Levels Served (Please check all that apply)

001 ☐ Very Superior (130+)
002 ☐ Superior (120-129)
003 ☐ High Average (110-119)
004 ☐ Average (90-109)
005 ☐ Low Average (80-89)
006 ☐ Borderline (70-79)
007 ☐ Mild Retardation (55-69)
008 ☐ Moderate Retardation (40-54)
009 ☐ Severe Retardation (25-39)
010 ☐ Profound Retardation (below 25)

E. Area of Specialization

Does this school have access to high school diploma credit? ..... ☐Yes ☐No

Does this school provide twelve month programming? ..... ☐Yes ☐No

What is the distance to the nearest hospital? _____ miles

What is average time to nearest hospital? _____ minutes

What medical services are provided?

Physician on call? ☐Yes ☐No

24 Hour Nursing? ☐Yes ☐No

Psychiatric services? ☐Yes ☐No

F. Is this agency licensed or certified by other agencies? ☐ Yes ☐ No

Department of Health	☐	Department of Social Services	☐
Division for Youth	☐	Division of Alcohol and Alcohol Abuse	☐
Office of Mental Health	☐	Division of Substance Abuse Services	☐

Office of Mental Retardation and Developmental Disabilities ..... ☐

Other ..... ☐

Who is the regional associate responsible for monitoring?	SED region

Additional Comments

A separate copy of Part G should be completed and attached for each district program operated by the agency.

G Check the Program Option that applies

Special Class 2 (12:1+1) 003 ☐ Special Class 3 (8:1+1) 004 ☐ Special Class 4 (12:1+4) 005 ☐

CSE CLASSIFICATION

(Please check the box that indicates the special education classifications served by this agency.)

Autistic	☐ AU	Speech Impaired	☐ SI
Emotionally Disturbed	☐ ED	Visually Impaired	☐ VI
Learning Disabled	☐ LD	Orthopedically Impaired	☐ OI
Mentally Retarded	☐ MR	Other Health Impaired	☐ HI
Deaf	☐ DF	Multiply Handicapped *	☐ MH
Hard of Hearing	☐ HH		

** If this agency serves the multiply handicapped indicate the combination of handicapping conditions served, completing one section G for each different program for the multiply handicapped operated by this agency.*

☐ Autistic (AU)	☐ Mentally Retarded (MR)	☐ Speech Impaired (SI)
☐ Emotionally Disturbed (ED)	☐ Hard of Hearing (HH)	☐ Visually Impaired (VI)
☐ Learning Disabled (LD)	☐ Deaf (DF)	☐ Orthopedically Impaired (OI)
		☐ Other Health Impaired (HI)

APPENDIX B

CHILDREN'S RESIDENTIAL PROJECT

Children's Residential Project Program Descriptions

The Children's Residential Project (CRP) has been previously described on pages 6-8. The following is a list of agencies operating or developing CRP programs within New York State for developmentally disabled children currently placed out-of-state by the education system or who are at-risk of such placement. The programs provide educational services in private schools approved by the State Education Department, and residential services in an Intermediate Care Facility for the Developmentally Disabled (ICF/DD) certified by the Office of Mental Retardation and Developmental Disabilities (OMRDD). Children are placed in these programs through a coordinated referral process involving the Office for Education of Children with Handicapping Conditions (Residential Placement System) and OMRDD. Placement will be made through existing State Education Department and OMRDD mandated procedures.

Three CRP programs opened during the 1987-88 school year with additional CRP programs scheduled to open during the 1988-89 school year. The programs serve both boys and girls, ages 5-21, and operate on a 12-month, 7-day a week basis. Inquiries regarding these new programs should be made to:

New York State Education Department
Office for Education of Children With Handicapping Conditions
Room 1066 - Education Building Annex
Albany, New York 12234
ATTN: Children's Residential Project
Telephone: (518)474-2251

Programs in Operation

THE ANDERSON SCHOOL
Albany Post Road
Staatsburg-on-Hudson,
New York 12580

Dutchess County
Wassaic DDSO

Contact Person: Charles Mahoney, Director of Education

Telephone: (914) 889-4046

Population: Children who are ambulatory with autism or autistic-like behaviors

Capacity: 12

Anderson School operates its CRP program on its one-hundred acre campus that overlooks the Hudson River. The residential facility is located in an existing renovated structure and the education program is located in the School Annex, a former community school building located approximately .6 of a mile from the main campus.

The majority of classrooms, the gymnasium, library, school administration offices and clinical services office are located in the School Annex. The gymnasium also functions as an auditorium. Art, music, home economics and a vocational workshop are also part of the education program. These classes are also located in the School Annex.

The CRP's educational program is housed in two new classrooms within Anderson's School Annex. The program provides appropriate education and related services to meet the needs of the individual child. Students are placed in appropriate age and skill level groups according to functioning levels in cognitive, communication, prevocational, behavioral and physical areas. The two new classrooms are staffed with two special education teachers and four teacher assistants (6:1+2). An intensive speech and language program is provided, as well as a behavioral specialist who is located in the school to work with a multidisciplinary team for students who are severely behaviorally disordered.

The residential program consists of a 12-bed unit located in an existing building on the campus. The building provides a homelike environment and an intensive level of treatment. The unit has its own kitchen for meal preparation and a separate dining room for meal service. Space is provided for quiet play, group activities and outside play.

Families, sponsoring agencies, and local school districts are encouraged to be involved with the student's program and progress. Opportunities are made for parents, agency personnel and district representatives to participate in the review and planning conferences. Social work services support the integration of the student's educational, residential, home and community experiences.

MARYHAVEN CENTER OF HOPE
450 Myrtle Avenue
Port Jefferson, New York 11777

Suffolk County
Long Island BDSO

Contact Person: Angela Orofino, Division Director and Principal of Educational Services

Telephone: (516) 473-8300

Population: Children who are dually-diagnosed: mild/moderate mental retardation with concomitant emotional disturbance; may have accompanying severe behavior problems.

Capacity: 36

Maryhaven Center of Hope (MCH) is located in Port Jefferson, Long Island, New York. The CHP educational program will be housed in a newly constructed wing of the current school building. The school program provides a 6:1+1 staffing ratio with support and related services provided to meet the individual needs of the child as prescribed in the child's IEP. The new space will include classrooms, instructional areas for speech, counseling, behavior management, vocational instruction, art, music, physical/occupational therapy, gross motor development and recreational skills. A primary focus of the educational services for the children will be the development of a strong program in behavior management to redirect acquired negative behaviors toward the achievement of more positive responses to peers, adults and the community.

The residential program consists of three one-story homelike residential facilities located on MCH's campus. Each facility is situated on approximately one acre of land and houses twelve children. The residential component provides 24 hour staff supervision. The goal is to provide a normalized environment and complementary therapeutic service while meeting the individual needs of the children. To this end, the residential program provides medical services, nutritional services, activities of daily living instruction, psychological services and social work services, as well as recreational services. An Individual Program Plan (IPP) which interfaces with the IEP is developed for each child. All program efforts will be directed toward teaching the child to live in a less restrictive environment, to function there at an optimal level, and to partake in activities that are generally considered normal, rewarding and enjoyable.

Parents are encouraged to assist in developing and implementing the program for their child. Parent groups, parent counseling, and home visits are vital component parts of the program. Parents are involved with the development of IEP and IPP.

SULLIVAN DIAGNOSTIC TREATMENT CENTER
Box 440 - Benmosche Road
Harris, New York 12742-0440

Sullivan County
Letchworth DDSO

Contact Person: Edith Mustavs, Director of Admissions

Telephone: (914) 794-1400

Population: Children who are multiply handicapped: mental retardation with physical and/or medical problems.

Capacity: 36

Sullivan Diagnostic Treatment Center (SDTC), an outgrowth of United Cerebral Palsy of Sullivan County, is located in the Catskill region of Sullivan County on 43 acres in Harris, New York. The CRP educational program will be housed in a newly constructed, totally wheelchair accessible, two-story, multipurpose building on SDTC's campus. The school will be located a short distance from the residence and will be inter-connected with pleasant meandering 6-foot wide walkways. It is anticipated that construction of the school will be completed by September 1989.

Until construction is completed, the CRP educational program will be housed in temporary facilities. The school staff, in conjunction with the residential staff and the therapeutic staff, develop and implement goals focusing on the overall growth potential of all of the children. Goals focus on improving skills in activities of daily living, motor functioning, communication skills and attending skills. Classes are staffed by certified special education teachers, assistants and aides providing a 6:2:1 ratio. The educational program also provides an adaptive physical education component which promotes age-appropriate motor skills with an emphasis on developing motor coordination and normalized muscular tone.

The residential program consists of three separate and distinct 12-bed residences located on the campus. The buildings are roughly T-shaped and totally accessible to the physically handicapped. Bathrooms are equipped with all necessary adaptive equipment including walk-in shower stalls with seats and automatic lift bathing devices. The bedrooms range in size to accommodate one or two children. The living area consists of the living room, dining room and activity room. The kitchen is accessible to the dining room and of sufficient size to allow children in wheelchairs to maneuver within the space. The activity room has a washer and dryer for use in teaching daily living activities. The overall design of the residences is homelike and highly functional with regard for the safety and comfort of the children.

SDTC strongly encourages and provides opportunities for parent involvement. The center maintains that parental involvement is the key to a holistic program model. It is felt that parental participation in the program planning process, residential visitations and home visits all help to create a bond between the agency and the parents. In addition, SDTC feels that this bond aids in establishing a consistency of care, as well as facilitating the aging-out process.

Programs Under Development

MARGARET CHAPMAN SCHOOL
5 Bradhurst Avenue
Hawthorne, New York 10532

Westchester County
Westchester DDSO

Contact Person: Carol Tolchinsky, Director of Social Services

Telephone: (914) 592-8526

Population: Children with severe/profound developmental disabilities specializing in the area of mental retardation with behavioral difficulties.

Capacity: 48

Opening date for the Children's Residential Project (CRP): 1988-89 School Year

Margaret Chapman School (MCS) will operate its CRP program on the school's ten-acre site at 5 Bradhurst Avenue in Hawthorne, Westchester County, New York, which is in close proximity to Westchester County Medical Center. The program will be part of a town house community environment being developed by the corporation which operates MCS.

The educational program will be housed in the Overcash Educational Center which will be remodeled and expanded to meet the needs of the new students. Each CRP program class will have six students, a certified special education teacher and a bachelor's degree habilitation specialist. Each student's education program will also include use of the gymnasium for physical education and physical therapy; speech center for special speech and hearing programs; and, prevocational training centers which contain computers and office skill equipment. The school program curriculum will focus on the development of communication skills, personal hygiene skills, self-care skills, activities of daily living, prevocational skills, leisure skills, physical education, increasing appropriate social behaviors in the school and community, and decreasing inappropriate social behavior in a structured and unstructured environment. Students will also participate daily in community, special olympic, music, art, physical therapy and speech/hearing programs. The Margaret Chapman School provides and utilizes an extensive program of applied behavior analysis in its teaching and habilitation for the developmentally disabled.

The residential program will consist of clustered 8-bed town house units. This town house living concept will provide residents the opportunity to enjoy year round, swimming in an enclosed pool, sports and arts in the new recreation center along with pottery, ceramics and woodworking classes. The contemporary town houses will be totally self- contained four bedroom houses. Kitchens will be fully equipped with all necessary appliances; bedrooms will provide for privacy while central air conditioning and heating will keep living areas comfortable year round.

MCS encourages parental involvement. They currently have a parent support group and a parent training program, and will expand the program to include the parents of children in the CRP program.

SUFFOLK CHILD DEVELOPMENT CENTER
Hollywood Drive
Smithtown, New York 11787

Suffolk County
Long Island BDSO

Contact Person: Carol Krainski, Director of Social Services and Community Relations

Telephone: (516) 724-1717

Population: Children with autism or autistic-like behaviors who are severely behaviorally disordered

Capacity: 40

Opening date for the Children's Residential Project (CRP): 1988-89 School Year

The CRP program of Suffolk Child Development Center (SCDC) is located in Smithtown, Long Island, 40 miles from New York City. The campus is located within walking distance to stores and is less than five minutes from the center of town, thus offering opportunities for exposure and training in the extended community. The campus is also within five minutes of St. John's Episcopal Hospital which provides comprehensive medical services and 24-hour emergency services.

In the education program, classrooms will consist of no more than six children, with a certified special education teacher and a full-time certified teaching assistant (6:1:1). A full range of related and support services are provided. Primary educational emphasis will be on the safe reduction of maladaptive behavior through the learning of new skills. Educational activities will be related to attending skills, behavior management needs, self-preservation skills, social interaction, hygiene, safety, home maintenance, food preparation, eating, dressing, care of clothing and prevocational skills. Motor development services and intensive recreation programming will be provided throughout the child's day. All activities will be carried out in individual and small group instruction.

The residential program will consist of three 10-bed intensive treatment units attached to the existing educational facility and one 10-bed transitional unit located on the border of the property. The residences will be designed as a homelike environment, and in keeping with the principles of normalization, each unit in the residence will function independently and as much like "home" as possible. Bedrooms will house one or two children each.

Involvement of parents is encouraged as an important component for the achievement of future community placement goals established for each child. For this reason, parents of children accepted into the residential program will be provided the opportunity to participate in training programs designed to enhance their instructional and behavior management abilities. Training sessions will be provided for all parents living within commuting distance. Mobile training services will be offered to parents further away.

Children's Rehabilitation Center Ulster County
UNITED CEREBRAL PALSY OF ULSTER COUNTY, Inc. Wassaic DDSO
Webster Street, P.O. Box 1488
Kingston, NY 12401

Contact Person: Eileen Cardall, Director of Program Services

Telephone: (914) 338-9320

Population: Children who are multiply-handicapped; mentally retarded with physical and/or medical problems; visually impaired.

Capacity: 12

Opening date for the Children's Residential Project (CRP): September 1988

United Cerebral Palsy of Ulster County, Inc.'s CRP program will be located on 10 wooded acres centrally located in the Town of Ulster. The educational program will be housed in a newly constructed, totally wheelchair-accessible Program Services Building, which will be located a short distance from the residence. The school staff, in conjunction with the residential staff and the therapeutic staff, develop and implement goals focusing on the overall growth potential of all the children. Classes are staffed by certified special education teachers, assistants and aides providing a 6:1:2 ratio. The education program also provides adaptive physical education along with speech, physical, occupational and music therapy and social work services. Emphasis in the program includes individual instruction to maximize a child's cognitive, social, physical and emotional potential, an interdisciplinary team approach, use of computers, and functional academics.

The residential program will be a newly constructed, 12-bed Intermediate Care Facility (ICF) located within a short distance from the Program Services Building. The ICF will be a ranch-style home, totally accessible to the physically handicapped and will include living rooms, dining area, kitchen and laundry. The bedrooms will range in size to accommodate 1-2 children. The overall design of the residence will be homelike and highly functional with regard for the safety and comfort of the children.

UCP of Ulster County has always promoted strong working relationships with parents and their involvement in the program. Support services, such as parent groups and in-service training for parents are part of all of the programs.

APPENDIX C

Council on Children and Families Hard-to-Place Children's Activities Unit

The Council on Children and Families was established in order to promote the more efficient organization and operation of services for children and families by State/local and public/voluntary systems. The Council provides a forum for discussion and resolution of interagency questions and disputes. Although the Council does not provide direct services, the Hard-to-Place Children's Activities Unit is charged with the responsibility of resolving individual hard-to-place cases.

The Council on Children and Families Hard-to-Place Children's Activities Unit is mandated by law to facilitate the provision of appropriate residential services for New York State's hard-to-place youth. This mandate includes assisting in the resolution of interagency disputes concerning appropriate placements for hard-to-place youngsters. A hard-to-place youngster means a child, under the age of 21, with a physical, mental, emotional or social disability, who has not received appropriate residential services after reasonable and diligent efforts have been taken to locate such services. The Council is not a direct provider of services, but is statutorily responsible for accepting requests for assistance to locate residential services. Residential services means 24-hour care, in a facility or program away from the child's home, operated, licensed, certified or authorized by a member agency of the Council.

The Council on Children and Families is, therefore, a resource to both school districts and parents when it has been determined through the State Education Departments Residential Placement System that there are no appropriate residential school options available for a child within the education system.

A referral to the Council should include the following:

1. Vital Statistics (may be a fact sheet)

   a) Name of student
   b) Date of birth
   c) Student's current placement and placement history
   d) Home school district (contact person and telephone number)
   e) School district code (BEDS Code)
   f) Parent's current address including county or residence
   g) Consent for release of information signed by the parent, guardian or student, as appropriate

2. Social History

   Most recent social history should be included. If other than natural parents, indicate current custody/guardianship.

3. Individual Evaluation/Assessment - where appropriate

The following reports should have been completed within the past six months. If reports are less current than six months, submit most recent reports):

a) Psychological

- o IQ/Cognitive functioning
- o Behavior problems
- o Level of functioning in current setting
- o Activities of daily living

b) Physical/Medical - where appropriate

- o General health including history and any relevant diagnoses
- o Vision
- o Hearing
- o Medication
- o Specialists' reports (neurological speech/language, etc., including statement of diagnosis)

c) Psychiatric - where appropriate

- o Diagnosis
- o Medication
- o Treatment history

d) Educational/Vocational

- o IEP
- o Performance in current program

4. Other Evaluation Materials

Any additional information available in the student's records which may be helpful in developing an appropriate program should also be included.

5. Documentation of Placement Efforts

a) Barriers encountered in attempts to provide an appropriate placement

b) A record of reasonable efforts on the part of the referring party to locate services or placement. Documentation obtained as a result of CSE referrals processed through the Residential Placement System (RPS) is acceptable information for this item.

In a dispute situation, the CSE requests for assistance from the Council in the following manner:

1. A cover letter indicating two agency rejections

2. Documentation of the rejections (For the State Education Department system, documentation of the completion of RPS processing may be used)

3. A copy of supporting data outlined in items (1) through (5) in the previous section concerning referrals to the Council.

Information can be received from:

New York State Council on Children and Families
Hard to Place Children's Activities Unit
Mayor Erastus Corning 2nd Tower Building
28th Floor
Empire State Plaza
Albany, New York 12223
PHONE: (518) 474-6294

Appendix D

Other State Agency Services

The following information delineates local services available through other State agencies to assist children with handicapping conditions and their families. These services provide support which may enable a family to continue maintaining their child in the home, thus allowing the child to benefit from family interaction. School districts are encouraged to be aware of available services and to assist the parents in contacting other State agencies for support when a severely handicapped child's educational needs may be met in day programs, but the family is unable to maintain the child within the home.

The services offered to children with handicapping conditions by other State agencies are described in the following section. For more detailed information, contact the regional offices for each agency. The telephone numbers and addresses are provided.

COMMISSION FOR THE BLIND & VISUALLY HANDICAPPED

The Commission for the Blind & Visually Handicapped (CBVH) is a part of the Department of Social Services. The Commission provides vocational rehabilitation to eligible people who are legally blind as well as to identify and access other needed services for children within their communities. Services are provided until entry into a vocational rehabilitation program or another more appropriate program. Legal blindness is defined as a vision impairment where:

- o visual acuity is at 20/200 or less in the better eye with best correction and/or
- o there is a restriction of the field of vision to an angle of 20 degrees or less.

The Commission employs Children's Consultants in each district office in the State. The role and function of the Children's Consultant is listed below:

- o **Registration** - Children's Consultants work with physicians, school nurses and organizations to insure that legally blind children are registered so that they can benefit from services offered by CBVH.
- o **Assessments** - Children's Consultants arrange for educational, medical and functional assessments of blind children to assist in planning to meet their needs.
- o **Planning** - A service plan is developed to meet the needs of each blind child. The plan includes services to be provided in the home and community as well as in the educational setting.
- o **Counseling** - Supportive counseling in dealing with blindness is provided to parents. Information on legal rights, community resources and special programs is also provided.
- o **Advocacy** - The Consultant advocates for and with parents to secure needed services where they may be lacking or not currently provided.
- o **Case Management** - The Consultant maintains individual confidential files on each blind child and arranges for certain direct services to be provided through the Non-Vocational Rehabilitation Program. The services include:
  - Orientation and Mobility
  - Adaptive Equipment
  - Case Work Services
  - Rehabilitation Teaching
  - Low Vision Services
  - Diagnostics
- o **Educational Consultation** - The Children's Consultant provides assistance to school systems by participating in CSE meetings, and coordinating with itinerant Teachers of the Visually Impaired.

- **Community Involvement** - In addition to the involvement with the schools, the Consultant meets with parent groups, preschool organizations and other groups concerned with blind children.

- **Public Awareness** - The Consultant meets with groups, organizations and public agencies to discuss services available to blind children and to increase their awareness of CBVH Children's Services.

- **Vocational Coordination** - The Consultant works closely with the Vocational Rehabilitation Counselors and transfers responsibility to the counselor when vocational services are appropriate.

For further information, contact the Commissioner for the Blind and Visually Impaired in your area:

NYS Department of Social Services
Commission for the Blind and Visually Handicapped
(Counties marked with an asterisk (*) are served by the satellite office instead of the district office.)

ALBANY DISTRICT OFFICE
74 State Street, 6th Floor
Albany, NY 12207
(518) 474-8553
(518) 474-1119

Tupper Lake Satellite Office*
c/o Sunmount DDSO
Building 11
Tupper Lake, NY 12986
(518) 359-2141

Counties Served: Albany, Clinton, Columbia, Delaware, Essex*, Franklin*, Fulton, Greene, Hamilton*, Montgomery, Otsego, Rensselaer, St. Lawrence*, Saratoga, Schenectady, Schoharie, Warren*, Washington

BROADWAY DISTRICT OFFICE
270 Broadway, 6th Floor
New York, NY 10007
(212) 587-5226
(212) 587-5227

Counties Served: Kings, Richmond, Queens

BUFFALO DISTRICT OFFICE
295 Main Street, Room 1000
Buffalo, NY 14203
(716) 847-3525
(716) 847-3517

Counties Served: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

HARLEM DISTRICT OFFICE
163 West 125th Street, 13th Floor
New York, NY 10027
(212) 870-4442
(212) 870-4446
(212) 870-4447

Counties Served: Manhattan, Bronx

HEMPSTEAD DISTRICT OFFICE
175 Fulton Avenue, Room 300
Hempstead, NY 11550
(516) 538-7111
(516) 538-7077

Counties Served: Nassau, Suffolk

ROCHESTER DISTRICT OFFICE
Monroe Square
259 Monroe Avenue
Rochester, NY 14607
(716) 238-8109
(716) 238-8102

Elmira Satellite Office*
Room 312
Human Services Center
425 Pennsylvania Avenue
Elmira, NY 14904
(607) 737-1007

Counties Served: Chemung*, Livingston, Monroe, Ontario, Schuyler*, Seneca, Steuben*, Wayne, Yates

SYRACUSE DISTRICT OFFICE
333 East Washington Street
Room 517
Syracuse, NY 13202
(315) 428-4135
(315) 428-4145

Binghamton Satellite Office*
State Office Building Annex
Room 304
164 Hawley Street
Binghamton, NY 13901
(607) 773-7813

Counties Served: Broome*, Cayuga, Chenango*, Cortland*, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Tioga*, Tompkins*

WHITE PLAINS DISTRICT OFFICE
200 Hamaroneck Avenue, Room 603
White Plains, NY 10601
(914) 946-1638

Counties Served: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

DEPARTMENT OF SOCIAL SERVICES

The Department of Social Services (DSS) provides a wide array of services for people who are economically and socially disadvantaged. The Office of Family & Children's Services Operations is responsible for the development of residential and community-based service programs for children with physical, mental or social disabilities. The Office also supervises residential facilities to protect the rights of clients, ensure adequate levels of care and maintain the appropriateness of placements.

Services for children offered by the Department of Social Services include:

- **Foster Care Services** - Children under the age of 18 who can no longer live with their parents can receive full-time care in family boarding homes, group facilities or institutions. Various social services are used with the hope of returning children to their families or establishing an alternative way of ensuring each child a permanent and stable life.

- **Educational Services** - Assist children and adults in receiving all educational benefits available to them within the community.

- **Health Related Services** - County social services departments can help people identify their health needs and obtain the necessary medical care.

- **Protective Services** - Protection is provided to those children under 18 who are reported or found to be abused, maltreated or neglected by the person(s) legally responsible for their care. This protection is available regardless of one's income.

- **Day Care** - This service is available for children age 6 weeks to 14 years whose parents need help in providing care and supervision for a substantial part of the day. This can be provided to single-parent families when the parent is ill, employed, enrolled in an approved job-training or rehabilitation program or is actively seeking employment. Two parent families may also be eligible, but only if both parents meet the above requirements.

- **Adoption Services** - County social services departments locate adoptive homes, provide assistance to parents who wish to surrender a child, and place children for adoption. Counseling and support are provided to both the child and the adoptive parents. County departments can also arrange for and carry out any necessary legal proceedings.

- **Unmarried Parents Services** - Supportive services and care can be provided to an unmarried mother and her child. If possible, the child's father will be included in planning for the child's future care. When necessary, help in establishing paternity and obtaining child support or referral for legal services will be provided.

For further information, contact the Department of Social Services office in your area:

Local Social Services Districts

ALBANY COUNTY
112 State Street
6th Floor
Albany, NY 12207
(518) 447-7300

ALLEGANY COUNTY
County Office Building
Belmont, NY 14813
(716) 268-7661

BROOME COUNTY
36-38 Main Street
Binghamton, NY 13905
(607) 772-2660

CATTARAUGUS COUNTY
303 North Union Street
Olean, NY 14760
(716) 375-4011

CAYUGA COUNTY
County Office Building
160 Genesee Street
Auburn, NY 13021
(315) 253-1011

CHAUTAUQUA COUNTY
Hall B. Christian Health and
Social Services Building
Mayville, NY 14757
(716) 753-4421

CHEMUNG COUNTY
Human Resource Center
425-447 Pennsylvania Avenue
Elmira, NY 14904-2795
(607) 737-5302

CHENANGO COUNTY
County Office Building
Norwich, NY 13815
(607) 335-4537

CLINTON COUNTY
31 Durkee Street
Plattsburgh, NY 12901
(518) 565-3500

COLUMBIA COUNTY
610 State Street
Hudson, NY 12534
(518) 828-9411

CORTLAND COUNTY
County Office Building
P.O. Box 5590
60 Central Avenue
Cortland, NY 13045
(607) 753-5681

DELAWARE COUNTY
111 Main Street
Delhi, NY 13753
(607) 746-2325

DUTCHESS COUNTY
14 Academy Street
Poughkeepsie, NY 12601
(914) 431-5000

ERIE COUNTY
95 Franklin Street
6th Floor
Buffalo, NY 14202
(716) 846-8850

ESSEX COUNTY
Court House
Elizabethtown, NY 12932
(518) 873-6301

FRANKLIN COUNTY
Court House
Malone, NY 12953
(518) 483-6767

FULTON COUNTY
Fulton County Building
P.O. Box 549
Johnstown, NY 12095
(518) 762-4671

GENESEE COUNTY
2837 West Main Road
Batavia, NY 14020
(716) 344-2580

GREENE COUNTY
465 Main Street
Catskill, NY 12414
(518) 943-3200

HAMILTON COUNTY
Court House
Lake Pleasant, NY 12108
(518) 548-3462

HERKIMER COUNTY
County Office Building
Box 231
Herkimer, NY 13350
(315) 867-1222

JEFFERSON COUNTY
175 Arsenal Street
Watertown, NY 13601
(315) 782-9030

LEWIS COUNTY
Outer Stowe Street
P.O. Box 183
Lowville, NY 13367
(315) 376-5400

LIVINGSTON COUNTY
Livingston County Campus
Building #3
Mt. Morris, NY 14510
(716) 658-2801

MADISON COUNTY
P.O. Box 637
Wampsville, NY 13163
(315) 366-2211

MONROE COUNTY
111 Westfall Road
Room 640
Rochester, NY 14620
(716) 442-4000

MONTGOMERY COUNTY
County Office Building
Fonda, NY 12068
(518) 853-8045

NASSAU COUNTY
County Seat Drive
Mineola, NY 11501
(516) 535-4820

NEW YORK CITY
250 Church Street
Room 1500
New York, NY 10013
(212) 553-5997

NIAGARA COUNTY
100 Davison Road
P.O. Box 506
Lockport, NY 14094
(716) 439-6333

ONEIDA COUNTY
County Office Building
800 Park Avenue
Utica, NY 13501
(315) 798-5700

ONONDAGA COUNTY
Onondaga Co. Civic Center
421 Montgomery Street
Syracuse, NY 13202
(315) 425-2222

ONTARIO COUNTY
120 North Main Street
Canandaigua, NY 14424
(716) 394-1440

ORANGE COUNTY
Quarry Road, Box Z
Goshen, NY 10924
(914) 294-9361

ORLEANS COUNTY
14016 Route 31 West
Albion, NY 14411
(716) 589-7004

OSWEGO COUNTY
Spring Street
Mexico, NY 13114
(315) 963-7271

OTSEGO COUNTY
County Office Building
197 Main Street
Cooperstown, NY 13326
(607) 547-4294

PUTNAM COUNTY
110 Old Route 6 Center
Carmel, NY 10512
(914) 225-7040

RENSSELAER COUNTY
133 Bloomingrove Drive
Troy, NY 12180
(518) 283-2000

ROCKLAND COUNTY
Building L
Sanatorium Road
Pomona, NY 10970
(914) 354-0200

ST. LAWRENCE COUNTY
Harold B. Smith County
Office Building
Judson Street
Canton, NY 13617
(315) 379-2111

SARATOGA COUNTY
County Complex
Ballston Spa, NY 12020
(518) 885-5381

SCHENECTADY COUNTY
487 Nott Street
Schenectady, NY 12308
(518) 382-3400

SCHOHARIE COUNTY
Schoharie, NY 12157
(518) 295-8134

SCHUYLER COUNTY
County Office Building
Watkins Glen, NY 14891
(607) 535-4965, 2780, 2789

SENECA COUNTY
2226 County House Road
Waterloo, NY 13165-9461
(315) 568-9854

STEUBEN COUNTY
P.O. Box 631
Bath, NY 14810
(607) 776-7611

SUFFOLK COUNTY
Box 2000
10 Oval Drive
Hauppauge, NY 11788
(516) 348-4000

SULLIVAN COUNTY
Box 231
Infirmary Road
Liberty, NY 12754
(914) 292-4900

TIOGA COUNTY
P.O. Box 240
Owego, NY 13827
(607) 687-5000

TOMPKINS COUNTY
1283 Trumansburgh Rd.
Ithaca, NY 14850
(607) 274-5211

ULSTER COUNTY
266R Clinton Avenue
P.O. Box 1800
Kingston, NY 12401
(914) 331-9300

WARREN COUNTY
Warren County Municipal
Center
Lake George, NY 12845
(518) 761-6300

WASHINGTON COUNTY
6 Church Street
Granville, NY 12832
(518) 632-5212, 642-5212, 2800

WAYNE COUNTY
16 William Street
P.O. Box 10
Lyons, NY 14489-0010
(315) 946-4881

WESTCHESTER COUNTY
112 East Post Road
White Plains, NY 10601
(914) 285-5500

WYOMING COUNTY
466 North Main Street
Warsaw, NY 14569
(716) 786-3111

YATES COUNTY
County Office Building
110 Court Street
Penn Yan, NY 14527
(315) 536-4451

OFFICE OF MENTAL HEALTH

The Office of Mental Health (OMH) is responsible for assuring the development of comprehensive plans, programs and services in the areas of research, prevention, treatment, rehabilitation, education and training of people who are mentally ill. Individuals who may be appropriately referred to OMH must be determined to have a severe emotional/behavioral disturbance. These individuals must also have an IQ above 50. Although a psychiatric diagnosis is not a prerequisite for making a referral to OMH, districts should be aware that such an evaluation would facilitate the processing and planning of the referral.

To meet the needs of mentally ill individuals, OMH operates and licenses a comprehensive array of out-patient day programs and residential services. Day programming is provided by a network of over 900 certified voluntary State and county out-patient programs. Some of the services that are provided through these out-patient programs include vocational rehabilitation, employment training, verbal and medication therapy, case management and social support. In addition, a limited number of residential programs are being developed for specialized populations including those individuals having a primary diagnosis of mental illness and a secondary diagnosis of mental retardation.

OMH is currently developing a continuum of community residential services. The philosophy underlying this new system is that residential services should assist individuals with the development of skills necessary for successful re-entry into the community at a pace commensurate with their level of functioning.

The following is a description of the programs and services provided by the Office of Mental Health:

OMH Certified Day Treatment Programs

Day treatment programs certified by the Office of Mental Health offer a clinically enriched education program to pupils with handicapping conditions who have been determined to be mentally ill. These programs are highly structured, intensive nonresidential programs which offer a blend of clinical intervention and special education to children and adolescents as well as social and clinical support to their families. An inherent value of this type of programming is that it makes it possible to maintain children with their families in the community and allows for coordinated delivery of mental health and educational services to pupils with handicapping conditions enrolled in the program. The success of these programs is directly related to the coordinated delivery of mental health and education services. Section 200.14 of the Regulations of the Commissioner of Education established the procedural framework for these interagency programs to be operated in a cooperative manner. Guidelines on the provision of special education services in day treatment programs were distributed in March 1988, and may be obtained through the Office for Education of Children with Handicapping Conditions. For additional information on day treatment programs, contact the OMH regional office in your area.

Mental Health Community Residences

Mental health community residences are authorized under the New York State Mental Hygiene Law as alternatives to placement in State psychiatric centers. They are designed for individuals who have no families or close relatives, and who need a homelike environment to live when they are ready to return to the community. Community residences provide a supervised place to live for people who are attempting to readjust to the community after a period of hospitalization. Although these individuals no longer require 24 hour treatment in a State psychiatric center, many patients do need attention and support for varying lengths of time. Without this help, their chances of remaining in the community and becoming more independent and capable are minimal. The staff of the psychiatric center help the operating agency select residents for placement. Each operating agency has an admissions committee, which makes the final decision on who will be admitted. For additional information, contact the regional office in your area.

Residential Treatment Facility

Residential Treatment Facilities (RTF) provide fully integrated long-term mental health treatment services to seriously mentally ill youth. The target population for RTFs is seriously mentally ill children and adolescents between ages 5 and 21 who have an IQ greater than 50 and require continuing longer-term residential mental health treatment in a setting which is less restrictive than other hospitals. Within the continuum of services provided by Office of Mental Health (OMH), RTFs are less restrictive than psychiatric centers and provide more intensive staffing and services than mental health group homes and child care institutions. Each RTF is required to provide a 24- hour-a-day, seven-day-a-week treatment program in an environment which is therapeutic, predictable, and consistent. The procedures defining this environment must insure the integration of and be consistent with each resident's individual treatment plan. The State Education Department is responsible for the regulation of education services. Each RTF however, is required by OMH to insure the availability of mandatory education services in compliance with State Education Department regulations.

Placement into an RTF is made by the Preadmission Certification Committee. Part 583 of 14NYCRR establishes the membership, organization, administration, and operating procedures for these interagency committees. It also defines the eligibility criteria for referral to an RTF program for each of the Preadmission Certification Committees. Anyone interested in referring a child or adolescent for admission to an RTF should contact any OMH regional office for application materials.

OMH Psychiatric Centers

The New York State public mental health system operates three forensic centers, 22 adult psychiatric centers, nine with separate children's units and six children's psychiatric centers. These centers provide short-term stabilization and acute treatment. They also provide longer-term treatment for the most seriously impaired youth as well as for those who are more dangerous and/or unmanageable. All inpatients participate in a school program which is regulated by the New York State Education Department. There are three categories of admission to a psychiatric center. Informal admission occurs

when a patient requests treatment and is admitted without a formal or written application. Voluntary admissions occur when a patient makes a written application for admission. If the patient is under 18, his or her parent, legal guardian or next of kin may make the application. Involuntary admissions can take one of three forms:

- medical certification, which requires two examining physicians to certify that the person is in need of involuntary care and treatment;
- certificate of a director of community services, stating his/her opinion that the person is in need of immediate inpatient care and treatment and that he or she is likely to be dangerous to himself, herself or others; or
- emergency admission for immediate observation, care, and treatment, based on the allegation that the person has a mental disability likely to result in serious harm to himself, herself or others.

Home-Based Crisis Intervention

Home-Based Crisis Intervention Programs provide in-home services to families in crisis by a team of mental health professionals. Intensive services are provided to families where a child is at risk of being hospitalized or placed in a residential program. Counselors are on call 24-hours-a-day to resolve immediate crises. They also work with families subsequent to the initial crisis to counsel and teach skills to prevent further problems.

Family-Based Treatment Program

The Family-Based Treatment Program is a model focused on training surrogate families (professional parents) to care for and treat children and youth who are mentally ill in their homes. The model includes strong supportive back up from professional staff for the families as well as extensive treatment and contact with the natural family. The ultimate goal is to return the child to the natural family.

The following is a list of regional offices of OMH from which assistance may be obtained.

CENTRAL REGIONAL OFFICE
545 Cedar Street
Syracuse, NY 13210
(315) 428-4531

Counties Served: St. Lawrence, Franklin, Clinton, Jefferson, Lewis, Herkimer, Hamilton, Essex, Oswego, Oneida, Fulton, Cayuga, Onondaga, Madison, Otsego, Montgomery, Cortland, Chenango, Tioga, Broome, Delaware

HUDSON RIVER REGIONAL OFFICE
Hudson River Psychiatric Center
Branch B
Poughkeepsie, NY 12601
(914) 452-1540

Counties Served: Warren, Washington, Schenectady, Schoharie, Albany, Rensselaer, Greene, Columbia, Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, Westchester

LONG ISLAND REGIONAL OFFICE
P.O. Box 600
Brentwood, NY 11717
(516) 231-6070

Counties Served: Nassau, Suffolk

NEW YORK CITY REGIONAL OFFICE
Gertz Building
92-31 Union Hall Street
Jamaica, NY 11433-1186
(718) 739-4974

Counties Served: Five boroughs of New York City, Bronx, Brooklyn Manhattan, Queens and Staten Island

WESTERN REGIONAL OFFICE
Buffalo Psychiatric Center
570 Forest Avenue
Buffalo, NY 14222
(716) 885-5014

Counties Served: Chautauqua, Cattaraugus, Allegany, Steuben, Chemung, Tompkins, Schuyler, Seneca, Yates, Ontario, Livingston, Wyoming, Erie, Niagara, Orleans, Genesee, Monroe, Wayne

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

The Office of Mental Retardation and Developmental Disabilities (OMRDD) sponsors, regulates and certifies facilities and programs which serve people who are mentally retarded or have developmental disabilities. Developmental disabilities include such disabilities as epilepsy, cerebral palsy, autism, and other neurological impairments. The following is a brief description of specific developmental disability groups served by OMRDD:

Autism is a condition characterized by severe disorders in learning and behavior that begin in early childhood and have a marked effect on informational learning, developmental rate and sequences, responses to environmental events, communication and interpersonal relationships.

Cerebral palsy is group of dysfunctions characterized by difficulty in muscular control and sensory functions, mobility (in most cases), speech and hand movements.

Epilepsy is a term which includes a number of brain-centered, nervous system disorders characterized by sudden seizures, muscle convulsions, and partial or total loss of consciousness due to abnormal patterns of electrical discharges of brain cells.

Mental retardation is defined as a subaverage intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior.

Neurological impairments encompass a diverse group of conditions, all of which relate to some form of central nervous system dysfunction. Included in the definition are conditions such as neurologically-based severe learning disabilities, and such specific conditions as spina bifida, Tourette's syndrome, neurofibromatosis, Prader-Willi syndrome and sensory impairments.

OMRDD offers a range of services including facility-based and community-based residential programs and nonresidential programs which include day treatment, day training and sheltered work. OMRDD also offers family support services which are those services other than basic residential and habilitative services needed by individuals with developmental disabilities to sustain themselves in appropriate community settings.

The following is a brief description of the program and services offered by OMRDD:

- **Family Care** - A community-based residential care program that provides a stable surrogate family living arrangement for developmentally disabled children, adolescents and adults in certified private homes. The program constitutes an environment where room, board, and some supervision and training are provided to enhance development and independent living skills.

- **Personal Care** - This program provides individuals with developmental disabilities with health and self-care services needed to maintain them in a family living setting and prevent their institutionalization. This program has become an extremely important option that continues to allow for the placement and maintenance of moderately to severely impaired individuals in the family care system. Personal services are designed to maintain, preserve, and enhance the health, sensorimotor, language skills, personal and social behavior of a person with developmental disabilities within the atmosphere of a family unit. Services are delivered by a personal care provider who is certified in a competency-based OMRDD training program. The program provides a community living experience for individuals who are in need of assistance and supervision, yet do not require a more restrictive residential setting.

- **Community Residences** - A group living arrangement that simulates a conventional home or apartment, and provides a learning environment for children or adults who are unable to function adequately in their own home or live independently in the community. Community residences, which are certified by OMRDD, can be found in urban, suburban, or rural settings, and in single or multiple family homes or in apartment buildings. Supervised residences serve an average of 8 to 9 persons. Community residence programs provide a homelike environment on a long-term or intermediate basis. They may also serve as a transitional living situation prior to movement to a more independent living arrangement. Community residences include both supervised programs (with live-in or shift staffing) and supportive programs (with drop-in or partial supervision). Supervised residences are termed "community residences" while supportive residences are termed "supportive apartments."

- **Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)** - A residential program where specialized services are provided beyond basic room and board, but with less emphasis on medical care than in skilled nursing facilities. Recognizing that the impairments experienced by most people with developmental disabilities are not entirely medically related, Congress enacted the ICF/MR program (termed ICF/DD) in New York State) in order to permit states to provide settings whose primary objective is the active provision of comprehensive rehabilitative, educational, and training services to enhance the capability of individuals with disabilities to care for themselves. The average community ICF/DD serves from 8 to 9 persons.

- **Day Programs and Services** - OMRDD certifies, regulates, and contracts for a variety of day program services for adults and children with developmental disabilities. Adult services are generally divided into three distinct models, each with its own regulations, and include day treatment, day training, and sheltered work. Transitional vocational services are not specific program models, but are part of various vocational or day services program activities. Family support services are also available through OMRDD and include the services that families with disabled members require to provide environmental support and maintenance of family stability and integrity. The following is a brief description of the day program and services provided by OMRDD:

- **Day Treatment Programs** - Programs that provide intensive and comprehensive therapeutic day services to individuals with severe disabilities who would otherwise need institutional care. Day treatment consists of habilitative activities programs that provide a combination of diagnostic, active therapeutic treatment and habilitative services. Such programs may vary in the services they offer, the level of impairment and type of disabling conditions of their clientele, their staffing patterns, and their program goals.

- **Day Training Programs** - A combination of services designed to assist adults with mental retardation and developmental disabilities in acquiring the knowledge and skills to improve their personal, social, educational, and prevocational functioning. Such programs are designed to provide an intermediate level of day programming for those persons not needing the intensity or health care content of day treatment, and also include specialized development programs aimed at increasing habilitation and social skills to maintain gains made in other programs or to gain entry to a more independent level of programming.

- **Sheltered and Supported Work** - Sheltered workshops provide vocational rehabilitation for persons with developmental disabilities through remunerative employment or another rehabilitative occupational activity of an educational or therapeutic nature. Sheltered work programs, certified by the U.S. Department of Labor and OMRDD, provide services and experience to clients in order to increase their economic independence. Work activity programs in such settings emphasize improvement of prevocational skills with the goal of preparing an individual to function in a sheltered workshop or supported work program. These programs are for persons with developmental disabilities who have the skills necessary to perform occupational tasks at an acceptable level of output. In addition to providing work experience for people with handicaps, the goals of these programs are also to train individuals in the tasks to be accomplished, to provide necessary and appropriate adjustmental training, and to provide experiences which will assist the individual in improving his or her personal or work performance. The ultimate objective of these work programs is competitive employment, if the potential exists. Two programs that provide long-term or time-limited vocational supports and special assistance to partially or fully employable individuals are supportive work and transitional work programs.

- **Family Support Services** - The provision of a broad array of services to address the needs of persons with developmental disabilities living with kin, their parents, and their siblings. OMRDD contracts with private providers to develop support services that are particular to, and responsive to, local service needs. Family support services typically include information and referral, respite, parent training, family counseling, transportation, recreation, home-based care, adaptive equipment and home modification, and legal services.

The following is a list of OMRDD regional offices from which assistance may be obtained.

NEW YORK CITY REGIONAL OFFICE
305 Broadway
New York, New York 10007
(212) 587-4540

Counties Served: Five boroughs of New York City; Bronx, Brooklyn, Manhattan, Queens and Staten Island

CRAIG DEVELOPMENTAL SERVICES OFFICE
c/o Craig Developmental Center
Sonyea, NY 14556
(716) 658-2221

Counties Served: Chemung, Livingston, Schuyler, Steuben, Wyoming

J.N. ADAM DEVELOPMENTAL SERVICES OFFICE
c/o J.N. Adam Developmental Center
Perrysburg, NY 14129
(716) 532-5522

Counties Served: Cattaraugus, Chautauqua, Allegany

MONROE DEVELOPMENTAL SERVICES OFFICE
620 Westfall Road
Rochester, NY 14620
(716) 461-8500

Counties Served: Monroe

NEWARK DEVELOPMENTAL SERVICES OFFICE
c/o Newark Developmental Center
703 East Maple Avenue
Newark, NY 14513
(315) 331-1700

Counties Served: Ontario, Seneca, Wayne, Yates

WEST SENECA DEVELOPMENTAL SERVICES OFFICE
1200 East and West Road
West Seneca, NY 14224
(716) 674-6300

Counties Served: Erie, Genesee, Niagara, Orleans

BROOME DEVELOPMENTAL SERVICES OFFICE
c/o Broome Developmental Center
Glenwood Road
Binghamton, NY 13905
(607) 770-0211

Counties Served Broome, Chenango, Delaware, Otsego, Tioga, Tompkins

ELEANOR ROOSEVELT DEVELOPMENTAL SERVICES OFFICE
c/o.D. Heck Developmental Center
Balltown and Consaul Roads
Schenectady, NY 12304
(518) 370-7370

Counties Served: Albany, Columbia, Greene, Schenectady, Schoharie, Rensselaer

ROME DEVELOPMENTAL SERVICES OFFICE
c/o Rome Developmental Center
Box 550
Rome, NY 13440
(315) 336-2300

Counties Served: Herkimer, Lewis, Oneida

SUNMOUNT DEVELOPMENTAL SERVICES OFFICE
c/o Sunmount Developmental Center
Tupper Lake, NY 12985
(518) 359-3311

Counties Served: Clinton, Essex, Franklin, Jefferson, St. Lawrence

[redacted]

[redacted]

[redacted]